PTO/SB/22(06-03)

Approved for use through 7/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

inder the Paperwork Reduction Act of 1995, no persons are require PETITION FOR EXTENSION OF TIN FY 2005		0 1 10((1)	Docket Number (Optional) 100723-14 KGB	
(Fees pursuant to the Consolidation appropri	iations Act, 2005 (H.R. 4818).)	)	RECEIVED	
Application Number 10/623,241	Filed July 18, 20	003	CENTRAL FAX CENT	
For Gamma Sterilisable Nutrient Medium Based O	n Casein Soya Peptone A	gar	JAN 2 2 2007	
Art Unit 1655	Examiner Srivastav	Examiner Srivastava, Kailash C.		
This is a request under the provisions of 37 CFR identified application.	1.136(a) to extend the p	eriod for filing a	reply in the above	
The requested extension and appropriate fee are a fee):	as follows (check time p	eriod desired an	d enter the appropriate	
	<u>Fee</u>	Small Entit	y Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>	
☐ Two months (37 CFR 1.17(a)(2)	\$450	\$225	\$	
☐ Three months (37 CFR 1.17(a)(3	3)) \$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4)	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5)	\$2160	\$108	\$	
Applicant claims small entity status.	See 37 CFR 1.26.			
A check in the amount of the fee is e	enclosed.			
Payment by credit card. Form PTO-	2038 is attached.			
☐ The Director has already been author	rized to charge fees in t	his application	to a Deposit Account.	
The Director is hereby authorized to to Deposit Account Number 14-12	charge any fees which n 263 I have end	nay be required, closed a duplica	or credit any overpayment, te copy of this sheet.	
WARNING: Information on this form ma form. Provide credit card information an	ay become public. Credited authorization on PTO-20	card information 038	should not be included on this	
I am the applicant/inventor				
assignee of record of the entire Statement under 37 CFR 3			s).	
ĭ attorney or agent of record. I	Registration Number _	25,900		
attorney or agent under \$7 CF	FR 1.34(a). g under 37 CFR 1.34(a) _		<del>-</del>	
The state of the s		·	January 22, 2007	
Signature Serle I. Mosoff			Date (212) 808-0700	
Typed or printed name	<del></del>	Telephone Number .		
NOTE: Signatures of all the inventors or assignees of record of than on signature is required, see below.	the entire interest or their repre-	sentative(s) are requi	red. Submit multiple forms if more	
Total of forms are subm	nitted.			